



Delbert Hosemann
SECRETARY OF STATE

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election



Name of Candidate Bobby B Howell
Address P.O. Box 213 904 PINE AR. Kilmichael
Telephone 662-262-7171 Fax 662-262-4397
Contact Name Bobby Howell Email C.B. Howell@BellSouth.net
Office Sought House of Representatives Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

- ☐ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
☐ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
☐ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
☒ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5050.00	\$ 5050.00	\$ 5050.00
Total amount of disbursements	\$ 1061.80 + \$ 2653.06	\$ 3714.86	\$ 3714.86
Total amount of cash on hand	12/31/10	\$ 13,101.35	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Bobby B. Howell
Signature of Candidate

1-19-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39206 or fax to 601-359-1499 or 601-578-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Page 1 of 3Name of Candidate or Committee Bobby L. Howell
Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Dental PAC</u>	<u>8/18/10</u>	\$ <u>500.00</u>
Mailing Address <u>2630 Ridgewood Rd. Ste C</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Jackson, MS. 39216-4920</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Allergan USA, Inc</u>	<u>1/22/10</u>	\$ <u>1000.00</u>
Mailing Address <u>721 SUGAR PINE Circle</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Madisonville, LA 70447</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>C+B RR</u>	<u>7/2/10</u>	\$ <u>500.00</u>
Mailing Address <u>221 7th St. N Suite 105</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Columbus, MS. 39701</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ASTRA ZENECA</u>	<u>8/20/10</u>	\$ <u>300.00</u>
Mailing Address <u>1800 CONCORD PIKE P.O. Box 15437</u>	<u>1/1/10</u>	\$
City, State, Zip Code <u>Wilmington, DE 19850-5437</u>	<u>1/1/10</u>	\$
Name of Employer (Required)	<u>1/1/10</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>300.00</u>

Page 2 of 3Name of Candidate or Committee Bobby B. HowellReporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>BNSF Railway</u>	<u>8/31/10</u>	<u>\$ 250.00</u>
Mailing Address	<u>3258 East Chestnut Expressway</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>Springfield, Mo. 65802-2546</u>	<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	<u>\$ 250.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Chevron</u>	<u>9/16/10</u>	<u>\$ 500.00</u>
Mailing Address	<u>P.O. Box 1300</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>PASCAGOULA, Ms. 39568</u>	<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	<u>\$ 500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>AT&T PAC</u>	<u>9/16/10</u>	<u>\$ 500.00</u>
Mailing Address	<u>175 East Capitol Suite 702</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>JACKSON, Ms. 39201-2125</u>	<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	<u>\$ 500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Check Into Cash</u>	<u>10/26/10</u>	<u>\$ 250.00</u>
Mailing Address	<u>201 Keith St. SW Ste 80</u>	<u>1/1/10</u>	\$
City, State, Zip Code	<u>Cleveland, TN. 37311</u>	<u>1/1/10</u>	\$
Name of Employer (Required)		<u>1/1/10</u>	\$
Occupation (Required)		Aggregate year-to-date	<u>\$ 250.00</u>

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Name of Candidate or Committee Bobby B. Howell
 Reporting period 1-1-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms. Assn for Home Care</u>		<u>12/7/10</u>	\$ <u>300.00</u>
Mailing Address <u>P.O. Box 24087</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39225-4087</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>CEAFT PAC (Beverage Assn)</u>		<u>12/15/10</u>	\$ <u>200.00</u>
Mailing Address <u>3000-B North State St.</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>JACKSON, MS 39216</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Koch Companies (H.P.)</u>		<u>12/29/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 61270</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Phoenix, AZ 85082-1270</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms. Agents & Employee Pac</u>		<u>12/22/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 39</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>OLIVE BRANCH, MS 38654</u>		<u>1/1/</u>	\$
Name of Employer (Required) _____		<u>1/1/</u>	\$
Occupation (Required) _____		Aggregate year-to-date	\$ <u>500.00</u>

8808-03 (B)

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ITEMIZED DISBURSEMENTS

A. Full name <u>WINONA TIMES</u>	Date (Mo., Day, Year) ___/___/___	Amount of each disbursement this period \$
Mailing Address <u>P.O. Box 151</u>	___/___/___	\$
City, State, Zip Code <u>WINONA MS 38967</u>	___/___/___	\$
Purpose of Disbursement (Optional) <u>VARIOUS Advertising</u>	Aggregate Year-to-date	\$ <u>285.00</u>
B. Full name <u>Kilmichael DRUGS</u>	Date (Mo., Day, Year) ___/___/___	Amount of each disbursement this period \$
Mailing Address <u>P.O. Box 213</u>	___/___/___	\$
City, State, Zip Code <u>Kilmichael, MS.</u>	___/___/___	\$
Purpose of Disbursement (Optional) <u>Christmas Greetings - FLORENCE - SECRETARIAL MEMORIALS</u>	Aggregate Year-to-date	\$ <u>796.80</u>
C. Full name	Date (Mo., Day, Year) ___/___/___	Amount of each disbursement this period \$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year) ___/___/___	Amount of each disbursement this period \$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year) ___/___/___	Amount of each disbursement this period \$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year) ___/___/___	Amount of each disbursement this period \$
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$